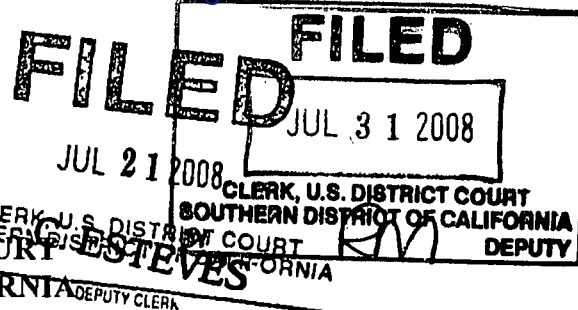


Plaintiff's Name: Aasim Nia

CDC No: T80306

Address: P.O. Box 931

Imperial, CA. 92251

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF CALIFORNIA

AASIM NIA  
vs.  
M.A. Smelosky

Plaintiff,

Defendant(s).

APPLICATION TO PROCEED  
IN FORMA PAUPERIS  
BY A PRISONER

CASE NUMBER:

08 CV 1506 W JMA  
1: 08-CV-01035-GSA-HC

I, AASIM NIA, declare that I am the plaintiff in the above-entitled proceeding; that, in support of my request to proceed without prepayment of fees under 28 U.S.C. section 1915, I declare that I am unable to pay the fees for these proceedings or give security therefor and that I am entitled to the relief sought in the complaint.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? ☒ Yes ☐ No (If "no" DO NOT USE THIS FORM)

If "yes" state the place of your incarceration. CENTINELA STATE PRISON

Have the institution fill out the Certificate portion of this application and attach a certified copy of your prison trust account statement showing transactions for the past six months.

2. Are you currently employed (includes prison employment)? ☐ Yes ☒ No

a. If the answer is "yes" state the amount of your pay. N/A

b. If the answer is "no" state the date of your last employment, the amount of your take-home salary or wages and pay period, and the name and address of your last employer. 3A dining hall at Corcoran State Prison, P.O. Box 3461, Corcoran, CA. 93212, last date employed, November 6, 2006, take home around \$20.00 dollars a month.

3. Have you received any money from the following sources over the last twelve months?

a. Business, profession, or other self-employment: ☐ Yes ☒ No

b. Rent payments, interest or dividends: ☐ Yes ☒ No

c. Pensions, annuities or life insurance payments: ☐ Yes ☒ No

d. Disability or workers compensation payments: ☐ Yes ☒ No

- e. Gifts or inheritances: ☐ Yes ☒ No
- f. Any other sources: ☐ Yes ☒ No

If the answer to any of the above is "yes," describe by that item each source of money. Also state the amount received and what you expect you will continue to receive. Please attach an additional sheet if necessary.

4. Do you have cash (includes balance of checking or savings accounts)? ☐ Yes ☒ No

If "yes" state the total amount: \_\_\_\_\_

5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? ☐ Yes ☒ No

If "yes" describe the property and state its value: \_\_\_\_\_

6. Do you have any other assets? ☐ Yes ☒ No

If "yes," list the asset(s) and state the value of each asset listed:

7. List all persons dependent on you for support, stating your relationship to each person listed and how much you contribute to their support. NONE

I hereby authorize the agency having custody of me to collect from my trust account and forward to the Clerk of the United States District Court payments in accordance with 28 U.S.C. section 1915(b)(2).

July 14, 2008  
DATE

Asim Miah  
SIGNATURE OF APPLICANT

### CERTIFICATE

(To be completed by the institution of incarceration)

I certify that the applicant named herein has the sum of \$ 0 on account to his/her credit at CORCORAN/CENTINELA (name of institution). I further certify that during the past six months, the applicant's average monthly balance was \$ 0. I further certify that during the past six months, the average of monthly deposits to the applicant's account was \$ 0.

(Please attach a certified copy of the applicant's trust account statement showing transactions for the past six months).

7/16/08  
DATE

MD Preciado  
SIGNATURE OF AUTHORIZED OFFICER

REPORT ID: TS3030 .701

REPORT DATE: 07/15/08  
PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
CENTINELA STATE PRISON  
INMATE TRUST ACCOUNTING SYSTEM  
INMATE TRUST ACCOUNT STATEMENT

ACCOUNT NUMBER : T80306  
ACCOUNT NAME : NIA, AASIM  
PRIVILEGE GROUP: B

BED/CELL NUMBER: FDB2T1000000139L  
ACCOUNT TYPE: I

FOR THE PERIOD: MAR. 01, 2008 THRU JUL. 15, 2008

TRUST ACCOUNT ACTIVITY

<< NO ACCOUNT ACTIVITY FOR THIS PERIOD >>

DATE PLACED	HOLD CODE	DESCRIPTION	COMMENT	HOLD AMOUNT
07/15/2008	H118	LEGAL COPIES HOLD	0339 07/14	2.10
07/15/2008	H118	LEGAL COPIES HOLD	0339 07/14	0.20
07/15/2008	H109	LEGAL POSTAGE HOLD	0341 07/14	0.15

\* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 01/15/03  
COUNTY CODE: RIV  
CASE NUMBER: RIF095715  
FINE AMOUNT: \$ 10,000.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
03/01/2008		BEGINNING BALANCE		9,887.50
03/11/08	SU01	SYS TRNSF - POS	42.35-	9,845.15

\* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT \*  
\* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED.

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	2.45	0.00

CURRENT AVAILABLE BALANCE

2.45-



THE WITREN INSTRUMENT IS A CORRECT COPY OF THE TRUST ACCOUNT MAINTAINED BY THIS OFFICE  
ATTEST:

CALIFORNIA DEPARTMENT OF CORRECTIONS  
BY *[Signature]*  
TRUST OFFICER

REPORT ID: TS3030 .701

REPORT DATE: 07/15/08

PAGE NO: 1

CALIFORNIA DEPARTMENT OF CORRECTIONS  
 CALIF. STATE PRISON CORCORAN  
 INMATE TRUST ACCOUNTING SYSTEM  
 INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: DEC. 01, 2007 THRU JUL. 15, 2008

ACCOUNT NUMBER : T80306  
 ACCOUNT NAME : NIA, AASIM  
 PRIVILEGE GROUP:

BED/CELL NUMBER:  
 ACCOUNT TYPE: T

## TRUST ACCOUNT ACTIVITY

&lt;&lt; NO ACCOUNT ACTIVITY FOR THIS PERIOD &gt;&gt;

## TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	0.00	0.00	0.00	0.00	0.00

CURRENT  
 AVAILABLE  
 BALANCE  
 0.00



THE WITHIN INSTRUMENT IS A CORRECT  
 COPY OF THE TRUST ACCOUNT MAINTAINED  
 BY THIS OFFICE  
 ATTEST: 7-15-08  
 CALIFORNIA DEPARTMENT OF CORRECTIONS  
 BY Angela B. [Signature]  
 TRUST OFFICER